



PARENTAL PERMISSION FORM FOR OFF-PREMISE TRIPS GROUP OF CHILDREN TO ONE LOCATION

Name of the facility exactly as stated on the license or certificate			License/Certificate #
Street Address of the Facility	City	Zip Code + 4	County

Children or Youth listed below may go on an off-premise trip to:_____

Located at: _____

on _____.

(MM/DD/YYYY)

Street City County

Time of Departure: _____ Estimated Time of Return: _____

Children or Youth will be traveling by: _____ Car _____ Walking

Children or Youth will be supervised at all times by the following staff:

Staff Name _____ Staff Name _____
 First Last First Last

Staff Name _____ Staff Name _____
 First Last First Last

[illegible]